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Attachment 3.1-E  
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State/Territory: South Carolina

STANDARD FOR THE COVERAGE OF ORGAN TRANSPLANT SERVICES

South Carolina Medicaid coverage of transplant services falls into two groups.

Group I includes corneal and kidney transplants for which coverage is applicable in all medically necessary instances without restriction and without prior approval.

Group II includes pancreas, bone marrow, heart, liver, liver with small bowel, and lung transplants when medically necessary and clinically acceptable. Coverage of these transplants is limited to facilities within the geographic boundaries of South Carolina.

All Medicaid requests for pancreas, bone marrow, heart, liver, liver with small bowel and lung transplants will be evaluated utilizing uniform professional and administrative guidelines as to medical necessity.

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